

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11		2				
12						
13	1					
14						
15						
16						
17						
18		2				
19						
20	1					
21	1					
22	1					
23		5				
24		5				
25		5				
26		5				
27		5				
28		5				
29		5				
30		5				
31		5				
32		5				
33		5				
34		5				
35	1					
36						
37						
38	1					
39	1					
40						
41						
42	1					
43		3				
44		3				
45		3				
46						
47						
48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	91					
TOTAL CLAIMS	99					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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54						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

54  
48  
99

12  
4  
48  
16  
54